Please remit \$25 Filing Fee

KENTUCKY TRANSPORTATION CABINET Division of Motor Carriers P.O. Box 2007 Frankfort, Kentucky 40622

TC 95-16E Rev. 03/03 Page 1 of 2

APPLICATION FOR U-DRIVE-IT

ATTACH TWENTY-FIVE DOLLAR (\$25) FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER"

۱.	Applicant: Telephone:	Telephone:			
	Street:				
	City:				
2.	If Corporation , give state of incorporation, principal address and agent name and address for Kentucky process, if non-resident ATTACH current copy of certificate of good standing from sate of incorporation and certificate to do business in Kentucky, if incorporated in another state. If foreign corporation, please attach certificiate from the Secretary of State's Office authorizing the corporation to do business in Kentucky as a foreign corporation.				
	If partnership, give names and address of partners and their respective interest.				
	If nonresident, give names and address of partners and their respective interest.				
	Please file with this application the prescribed public liability and property damage insurance required by KRS 281.615				
	In what month was corporation established? * This month shall be used as the established month for licensing all vehicles under this permit.				
	Motor Vehicle Leasing Dealer number assigned by the Motor Vehicle Dealer Commission:				
	Has applicant ever been denied any authority by this Cabinet, or has any official or corporate officer ever been cited by Transportation Cabinet or violations of the laws or applicable regulations or convicted of a felony? ☐ Yes ☐ No	y the			
	Applicant shall submit to the Department in a written affidavit the following:				
	A. A description of applicant's facility and type of equipment proposed to be rented or leased;				
	B. A recent financial statement for the applicant; and				

C. A brief history of applicant's current business, including date of formation, prior experience, etc.

Applicant:	Telephone:		
Street:			
City:	State:	Zip Code: _	
I, the undersigned official of the above individual, pa information is true and correct to the best of my knowled		after being first duly s	sworn, state that the above
In addition, I certify that all vehicles registered under general public for lease or rent. I certify that each tra vehicle. I further certify that I have access to and am fa permit for which I am making.	insation is arms-length a	ind is based on a fair r	rental or lease value of the
Signature:Applicant Official		Date:	
THIS APPLICATION SHALL BE NOTARIZE	ĒD		
State of			
County of			
Subscribed and sworn to before me this the	day of		
	Notary Public:		
	My Commission	on Expires:	